MAXIMUS Federal Services

Case Number:	CM14-0017580		
Date Assigned:	04/18/2014	Date of Injury:	01/04/2013
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is an employee of [redacted] and has submitted a claim for partial tear UCL MP joint of the left thumb associated with an industrial injury date of January 4, 2013. Treatment to date has included oral analgesics, acupuncture, physical therapy, occupational therapy, cortisone injection, splinting and H-wave. Utilization review dated February 4, 2014 denied the request for home H-wave device because there was no documentation of failure of conservative measures as well as overall improvement in pain intensity after completing 8 physical therapy sessions. Medical records from 2013 to 2014 were reviewed and showed intermittent, dull aching pain of the left thumb and forearm averaging 4/10 on a pain scale, with occasional sharp shooting pain. Physical examination showed tenderness over the 1st dorsal web space and anatomic snuffbox with moderate restriction at the thumb musculature and markedly decreased grip strength on the left. H-wave device use was recommended on November 14, 2013 to decrease the need for oral medication and improve the function of the hand.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PURCHASE OF HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, H-WAVE STIMULATION (HWT), 117-118

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.24.2, 117-118

Decision rationale: As stated on pages 117-118 of the Chronic Pain Medical Treatment Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration. A purchase of an H wave unit may be considered after good outcomes from a 30 day trial, this includes increased performance in activities of daily living and/or decreased medication use. In this case, there was no evidence of a 30 day trial of H wave unit. In addition, there was no documentation concerning failure of conventional therapy such as physical therapy, and the exact functional deficits of this patient were not clearly indicated in the latest progress notes. Therefore, the request for purchase of home H-wave device is not medically necessary.